

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.
Amounts may be rounded
to whole dollars.

Report covers period

Date Stamp
9/25/2003

CALIFORNIA
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No CM1

☐ **Amendment** (Explain Below)

from 1/1/2003

through 9/20/2003

Date of election if applicable:
(Month, Day, Year)

10/7/2003

Page 1 of 4

For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
981521

COMMITTEE/FILER'S NAME

Californians for Responsible Choices - a project of Planned Parenthood Affiliates of California

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Katherine Kneer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Sacramento CA 95814 (916) 446-5247

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE	
		SUPPORT	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT	OPPOSE
Recall of Governor Gray Davis	Statewide		X

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
9/4/2003	Carol/Trevelyan Strategy Group Eugene, OR 97401	Website Development	\$2,660.00	\$2,660.00
9/18/2003	Moxie Media, Inc. Seattle, WA 98102	Mailer	\$10,500.00	\$10,500.00
	Capitol City Press Olympia, WA 98501	Mailer	\$.00	\$.00

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Treasurer (If recipient committee)

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

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NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
	Blue Design Seattle, WA 98102	Mailer	\$00	\$00
9/7/2003	Telincs, Inc. Los Angeles, CA 90005	Phonebank	\$15,000.00	\$15,000.00

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through 9/20/2003

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Californians for Responsible Choices - a project of Planned Parenthood Affiliates of California

I.D. NUMBER (If recipient com.)
981521

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.)	\$28,160.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	\$28,160.00
TOTAL	

5. Filing Officers Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER
Secretary of State
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
Sacramento CA 95814

2) NAME OF FILING OFFICER
Los Angeles County Registrar Recorder
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
Norwalk CA 90650

3) NAME OF FILING OFFICER
Sacramento County Registrar of Voters
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
Sacramento CA 95827

4) NAME OF FILING OFFICER
San Francisco County Registrar Recorder
ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE
San Francisco CA 94102

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/25/2003
DATE
Executed on 9/25/2003
DATE
Executed on
DATE
Executed on
DATE

By Alois Alois Alois Alois
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Alois Alois Alois Alois
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT